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APPLICANTS Gary K. Michelson M.D., Venice, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/27/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 100
Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials <u> </u>		INDEPENDENT CLAIMS 3		
ADDRESS 22882				
TITLE ARTIFICIAL LUMBAR INTERBODY SPINAL IMPLANT HAVING AN ASYMMETRICAL LEADING END				
FILING FEE RECEIVED 2454	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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